MILLARD PUBLIC SCHOOLS

Employee Non-Travel Reimbursement Request

1.	The	The check for this reimbursement should be made payable to:			
	Name:		Emp.ID	Emp.ID #	
	Stree	et:			
	City	:	State:	Zip Code:	
2.	The	The employee's assigned position (e.g., psychologist) and location (e.g., DSAC) are:			
	Position: L		Location:		
3.		The goods/services purchased, the dollar amount, and the account code (i.e., budget code) to which the cost should be charged are as follows (receipts are attached):			
	Date	Description of Purchase (Receipts Attached)	Amount	Charge to Account Code	
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-					
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	Total:				
		Employee's Signature	Signature	of Manager of Account Code	

Signature of Assoc. Supt. Gen. Adm. (if Employee and Manager of Account are the same person)